

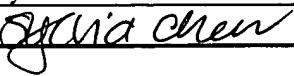
032904
16623 U.S.PTO112285
U.S.PTO
22301

032904

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.:	CS23014RL
	First Inventor:	Theodore R. Arneson
	Title:	AMBULATORY HANDHELD ELECTRONIC DEVICE
	Express Mail Label No.:	EL 977214470 US

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)		Mail Stop Patent Application ADDRESS TO: Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 3. <input checked="" type="checkbox"/> Specification [Total Pages 30] <i>(preferred arrangement set forth below)</i> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or computer program listing appendix -Brief Summary of the Invention -Brief Description of the Drawings (<i>if filed</i>) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 11] 5. Oath or Declaration [Total Sheets 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) of prior application No. _____ Prior application information: Examiner: _____ Art Unit: _____		
7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies		

ACCOMPANYING APPLICATION PARTS	
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PT-1449 1 Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (<i>Should be specifically itemized</i>) 15. <input type="checkbox"/> Certified Copy of Priority Document 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____	

19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number 20280 or <input type="checkbox"/> Correspondence address below			
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	
Name	Sylvia Chen	Registration No.	39,633
SIGNATURE	 Date 29 MAR 2004		

**FEE
TRANSMITTAL**

Patent fees are subject to annual revision

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 914.00)

Complete if Known	
Application Number	
Filing Date	March 29, 2004
First Named Inventor	Theodore R. Arneson
Examiner Name	
Group Art Unit	
TOTAL AMOUNT OF PAYMENT	Attorney Docket No. CS23014RL

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number	502117
Deposit Account Name	Motorola, Inc.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) during the pendency of this application

Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE**

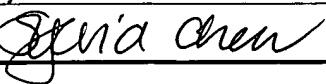
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Paid
1001	770	2001	385	Utility filing fee 770.
1002	340	2002	170	Design filing fee
1003	530	2003	265	Plant filing fee
1004	780	2004	385	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1)				(\$ 770.00)

2. EXTRA CLAIM FEES

Total Claims	Previously Paid**		Extra Claims	Fee from below	Fee Paid
	21	20			
Independent Claims	4	3	= 4	86	= 86.
Multiple Dependent	290			=	
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	* Reissue independent claims over original patent	
1205	18	2205	9	* Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$ 104.00)	

**or number previously paid, if greater; For Reissues, see above.

SUBMITTED BY

Name (Print/Type)	Sylvia Chen	Registration No.	39,633	Telephone	847-523-1096
Signature			Date	29 MAR 2004	

* Reduced by Basic Filing Fee Paid

Complete (if applicable)